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01/09/2004

MORRIS O'BRYANT COMPAGNI, P.C.
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Frank W. Compagni	(Depositor's name)
	(Signature)
3-5-04	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/991,243	11/20/2001	Abbas Ben Afshari	1473.SME.NP	4901

TITLE OF INVENTION: ILLUMINATED SIGHT PIN

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	YES	\$665	\$0	\$665	04/09/2004

EXAMINER	ART UNIT	CLASS-SUBCLASS
JOHNSON, STEPHEN	3641	124-087000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

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1 MORRISS
 2 O'BRYANT
 3 COMPAGNI, P.C.

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01 FC:2501
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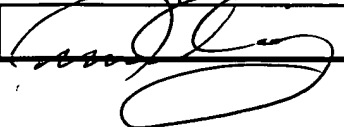
TRANSMIT THIS FORM WITH FEE(S)



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>		Application Number	09/991,243
		Filing Date	November 20, 2001
		First Named Inventor	Abbas Ben Afshari
		Group Art Unit	3641
		Examiner Name	Johnson, Stephen
Total Number of Pages in This Submission (including this sheet)	3	Attorney Docket No.	1473.SME.NP

ENCLOSURES <i>(check all that apply)</i>		
<input type="checkbox"/> Amendment / Response <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Appeal Communication: <input type="checkbox"/> Appeal Notice <input type="checkbox"/> Appeal Brief <input type="checkbox"/> Reply Brief <input type="checkbox"/> Assignment with Cover Sheet <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Check in the amount of \$ __ <input checked="" type="checkbox"/> Credit card authorization in the amount of \$ <u>695.00</u> <input type="checkbox"/> Declaration & Power of Attorney <input type="checkbox"/> Drawings __ sheets <input type="checkbox"/> Formal <input type="checkbox"/> Informal	<input type="checkbox"/> Extension of Time Request ____ month <input type="checkbox"/> Fee Calculation Table <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Form 1449 <input type="checkbox"/> Copies of IDS References <input checked="" type="checkbox"/> Issue Fee Transmittal & Advance Order	<input type="checkbox"/> Maintenance Fee Transmittal ____ year <input type="checkbox"/> Missing Parts Response <input type="checkbox"/> Notification of Change of Attorney Address & Docket Number <input checked="" type="checkbox"/> Return Postcard <input type="checkbox"/> Revocation & Power of Attorney <input type="checkbox"/> Status Inquiry <input type="checkbox"/> Other:
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SIGNATURE OF APPLICANT, ATTORNEY OR AGENT			
Attorney for Applicant		Frank W. Compagni, Registration No. 40,567 MORRISS O'BRYANT COMPAGNI, P.C. 136 South Main Street, Suite 700 Salt Lake City, Utah 84101 (801) 478-0071 telephone; (801) 478-0076 facsimile	
Signature		Date	3-5-04
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Signature		Date	3-5-04